

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<ul><li>) I hereby certify that this paper is</li><li>) being deposited with the United</li></ul>
) States Postal Service with
) sufficient postage as first class
<ul><li>) mail in an envelope addressed to:</li><li>) Commissioner for Patents, P.O.</li></ul>
) Box 1450, Alexandria, VA 22313-
) 1450 on this date:
) July 22, 2005
} for Gothy Cl
<ul><li>James A. Flight</li><li>Registration No. 37,622</li><li>Attorney for Applicant(s)</li></ul>

# AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action action pending in the above application.

07/26/2005 RFEKADU1 00000038 09490495

01 FC:1253

1020.00 OP

1. Small Entity Sta	1.	Small	Entity	Status
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	Verified statement(s) claiming small entity status is(are) attached.
	Small entity status has been established and is still effective.
$\boxtimes$	Has not been established.

#### 2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR I	LARGE ENTITY	FEE FOR SMALL ENTITY		
One Month		\$120.00		\$60.00	
Two Months	2.12	\$450.00		\$225.00	
Three Months	X	\$1020.00	7	\$510.00	
Four Months		\$1,590.00		\$795.00	
Fifth Month		\$2,160.00		\$1,080.00	

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$1020.00

An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

Extension Fee Due With This Request \$1020.00

#### 3. Fee for Claims

☑ The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMAL	L ENTITY	!	ER THAN A LL ENTITY
	Claims Remaining After Amendment		est No. y Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	173	MINUS	71	= 102	x25=	\$	x50=	\$5100
INDEP.	12	MINUS	9	= 3	x100=	\$	x200=	\$600
First Presentation of Multiple Dependent Claim				+180=	\$	+360=	\$	
TOTAL ADDITIONAL FEE				\$	OR	\$5700		

## 4. Method of Payment of Fees

Attached is a check in the amount of:	\$6720
Charge Deposit Account No. 50-2455 in the amount of:	\$
A copy of this Transmittal is enclosed.	

## 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC USPTO Customer Number 34431 20 North Wacker Drive

**Suite 4220** 

Chicago, Illinois 60606

(312) 5 0-1020

By:

mes A. Flight

Registration No.: 37,622

July 22, 2005